



PROGRESS TOWARD FINAL PLAT

Phone: 406-322-8050 Fax: 406-322-8028

astadel@stillwatercountymt.gov

Application for Subdivision Approval Period Extension (Must be Accompanied by Draft Extension Approval Agreement)

Name of Subdivision:		
Date of Preliminary Plat Approval:		
Legal Description of Property:		
Landowner Information:		
Name:	Address:	
Phone:	Email:	
Subdivider Information (if different than landowner):		
Name:	Address:	
Phone:	Email:	
Surveyor/Agent Information:		
Name:	Address:	
Phone:	Email:	
Reason(s) for Extension Request (check all that apply):		
Weather Related Delay	_ Construction Related Delay	
Other Agency Permitting Delay	_ Financing Delay	
Other (please explain:		
-		
PLEASE ATTACH ANY INFORMATION SUPPOSE	RTING REASONS NOTED ABOVE AND/OR SHOWING	



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I, the undersigned, am requesting that the Governing Body of Stillwater County consider granting an extension to the approval period for the above referenced subdivision, of which I am the owner. I understand that the granting of this extension is at the discretion of the Stillwater County Board of County Commissioners and that the consideration of this application does not guarantee the granting of an extension. Furthermore, I understand that in the event that this request is granted I will be required to enter into a written signed agreement with the Governing Body pursuant to the Subdivision Regulations of Stillwater County, Montana and 76-3-610 (1), Montana Code Annotated.

I understand that falsification of information in this application may be grounds for denial.

Landowner/Subdivider:	Date:	
Landowner/Subdivider:	Date:	

This application must be signed by the landowner(s) of the subject property.